

Request for Participation in the 2017-2018 Academic Year Yellow Ribbon Program

Please complete all sections, including signing the document, and submit a copy of your **Certificate of Eligibility**, if not yet submitted. Scan and e-mail, fax, mail or hand in this form to the Centenary Office Financial Aid.
All applications are subject to the availability of the funding for this program.

Name _____

Home Phone _____

E-mail Address: _____

Cell Phone: _____

Major: _____

Statement of Understanding

- I have applied for the Post 9/11 GI Bill and will submit the Certificate of Eligibility Letter to the Office of Financial Aid by the start of my academic term. Failure to submit this certificate will result in my removal from the Yellow Ribbon Program participation list.
- I understand that the Department of Veterans Affairs formally establishes eligibility for the Post 9/11 GI Bill Yellow Ribbon Program and that this Request for Participation is contingent on Department of Veteran Affairs' approval for such benefits.
- I believe I am eligible for the Post 9/11 GI Bill at the 100% level, one condition for participation in the Yellow Ribbon Program.
- I am currently or will be enrolled and a degree-seeking Centenary student during the year.
- I acknowledge that Yellow Ribbon Program funds are distributed on a first-come, first-served basis, measured from the date this Request for Participation is received by Centenary.
- I understand that submission of this form does not guarantee my admittance to the Yellow Ribbon Program.
- I understand that Centenary will not continue to hold my spot in the Yellow Ribbon Program if I am required to reapply for admission to Centenary.
- I understand that Centenary is not required to continue making Yellow Ribbon Program contributions if I am not in good academic standing.
- I understand that any scholarships awarded by the Admission Office cannot be used in conjunction with the Yellow Ribbon Program.
- I understand that once I have used up my VA Benefits and am no longer eligible for the Yellow Ribbon Program, my original scholarships will be reinstated.
- The information I submit on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

For Internal Use Only

Date/Time Received: _____ Number _____ of 25

Staff Initials _____

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